

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>map</i>		9/23/94
O.I.P.E. CLASSIFIER		10	9/23/94
FORMALITY REVIEW	<i>M. M.</i>	71629	10-1-99

### INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	(Through numeral)..... Canceled	A	..... Appeal
+	..... Restricted	O	..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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